
**RHODE ISLAND HEALTH QUALITY
PERFORMANCE MEASUREMENT AND REPORTING PROGRAM**

**Sixth Annual Report
2003**

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Rhode Island Health Care Quality Performance Measurement and Reporting Program

Annual Report- 2003

Introduction

The Health Care Quality Program (HCQP) in its fifth year is still earning the recognition of other states and national agencies seeking information on Rhode Island's public reporting quality initiative model. The past year's accomplishments were many including a presentation to Medical Review of North Carolina that highlighted the Rhode Island model of hospital public reporting quality initiative at their yearly conference. The conference focus was "Quality Leaders, Quality Care". The Rhode Island Department of Health (HEALTH), Hospital Association of Rhode Island (HARI) and Qualidigm, a quality improvement organization (QIO) and the prime contractor for the HCQP presented the Rhode Island model of hospital public reporting to an audience filled with hospital administrators, medical directors, nurses and physicians. Rhode Island, recognized as a leader in public reporting information on health care quality, was asked to send their Health Care Quality Series to the Severyn Group, a working member of the national Consumer Health Information Committee sponsored by the Agency for Health Care Research and Quality (AHRQ) and the Centers for Medicare and Medicaid Services (CMS). The Severyn Group, was hired by the AHRQ to update and expand the federal government's website, talkingquality.gov. To date, the Health Care Quality series has published twenty reports. The series includes background, technical and facility specific public reports on clinical performance, and patient satisfaction; the two measures required by law- 23-17-17 that mandates public reporting on all health care facilities. Also, the series includes reports such as, statewide measures of hospital care based on administrative data, patient outcomes and nurse sensitive indicators, and a national review of statistical approaches to public reporting that provide information to the public on quality of care in Rhode Island. The Health Care Quality Reports can be viewed at HEALTH's website <http://www.health.ri.gov/chic/performance/serieslist.htm>.

Clinical care measures for congestive heart failure, heart attack and pneumonia care have been adopted by hospitals in Rhode Island. Overall, hospitals in Rhode Island are doing extremely well in these areas when compared to other hospitals nationwide. However, hospitals should strive to meet them 100% of the time and Rhode Island should continue to publicly report facility specific performance to track and monitor progress toward these measures.

The Health Care Quality Steering Committee is made up of 19 members, which include one member from the house of representatives, one member from the senate, representatives from the department of human services, department of elderly affairs and the department of mental health retardation and hospitals. Other stake holders appointed by the Director of HEALTH to the Steering Committee includes members from various perspectives, such as, community, business, labor, nursing, medical, health insurers, and health plans. Beginning this year, the Director of Health initiated 3-year terms for the

Steering Committee members to keep the process open and embrace a range of perspectives from those working throughout the health care continuum that will eventually be included in public reporting. The newest member of the committee represents home health care.

The HCQP has publicly reported on hospital and nursing facility clinical measures, hospital patient satisfaction, and released the first study to evaluate the impact of public reporting on hospitals in Rhode Island. In addition, HEALTH, in conjunction with Qualidigm, released the second HEALTH Web survey as part of the study to evaluate consumer feedback on the utility and content of the Hospital Patient Satisfaction Report.

During the latter half of the year, the HCQP focused efforts on public reporting in Rhode Island's long-term care facilities. Rhode Island currently issues quarterly public reports in coordination with the CMS efforts on nursing home clinical measures. In September, Quality Partners of Rhode Island, in conjunction with HEALTH, issued a Request For Proposal for a nursing home resident satisfaction vendor for survey administration and data analysis to publicly report resident satisfaction on all licensed nursing care facilities in Rhode Island. Several vendors responded with well-written proposals and with various expertise in measuring and public reporting on resident satisfaction. The Nursing Home Subcommittee, a working group of the HCQ Steering Committee, Quality Partners, Qualidigm and HEALTH, are in the process of choosing a resident satisfaction vendor that will administer a standard survey for *all* licensed nursing facilities in Rhode Island in calendar year 2004. Similar to the public reporting process used for hospitals, the nursing home 2004 pilot data will be shared with nursing homes for quality improvement efforts. In 2005, it is expected Rhode Island's nursing facilities will have their resident satisfaction results, publicly reported, for the first time.

For the first time this year, the CMS publicly released national home health clinical measures that benchmark the quality of care given by home health agencies. As a result, the Rhode Island home health public release work group (HHPRWG) convened and is working on a Rhode Island public report using the eleven clinical measures used by the CMS. The year ended with a Home Health celebration sponsored by Quality Partners and HEALTH, attended by the Lt Governor Fogarty, the author of the 1998 Health Care Quality law.

The HCQP has been hit with a significant budget cut for fiscal year 2004 impacting the program's capability to measure the state's health care quality performance. It is critical that the resources for the HCQP continue in order for the state to measure progress toward improving its health care quality.

I. Hospital Clinical Performance

The second report on Hospital Performance in Rhode Island: How Often Our Hospitals Provide Recommended Care for Heart Attack, Heart Failure and Pneumonia was issued in July 2003. This report released just six months after the first clinical performance report shows hospitals in Rhode Island performing as

good as the comparison hospitals in all three clinical conditions and in many instances performing better than the comparison group. The short timeframe between the releases of clinical performance reports was in part to respond to data quality concerns that arose after the first report was made public. To address data quality concerns, many discussions were held to incorporate a protocol using a sampling strategy that minimizes data collection burden on hospitals, calling for a data auditing process to verify the results. Yet, the data quality review proposal is considered a complementary step to the public reporting process. However, if financial resources become available, the data quality review proposal could be implemented for future public reports. If implemented, the RI public reporting model would go beyond what is needed for internal hospital quality improvement and exceed what other national public reporting programs are doing.

The national quality improvement public reporting initiatives include the CMS, the American Hospital Association (AHA) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The CMS and the AHA have launched a national voluntary initiative to collect and to publicly report hospital quality performance information. The national voluntary hospital public reporting initiative will report on three clinical conditions, heart attack, heart failure and pneumonia parallel to the Rhode Island's public reporting program.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will publicly report on all Joint Commission accredited hospitals in 2004. The JCAHO's quality public report initiative will report on at least three of the following areas of patient care, heart attack, heart failure, pneumonia and pregnancy related conditions.

One of the challenges the HCQP must meet is publicly reporting on the same clinical information as the national public reports and not confuse consumers if different report formats and methodologies are utilized.

There is little doubt that the AHA and CMS, two national organizations committed to promoting quality and patient safety and their public reporting quality initiatives will drive the direction of Rhode Island's hospital HCQP. The JCAHO, after much deliberation and input from HARI and Qualidigm has selected the Rhode Island composite methodology for displaying its information. At the writing of this annual report, the CMS public report format is still pending.

II. Hospital Patient Satisfaction

The HCQP is fortunate to have dedicated health care professionals, and community agencies actively engaged in the production and development of the public reports. The dedicated group of individuals known as the Hospital Patient Satisfaction Public Release Work Group (HPSPRWG), a subcommittee that reports to the Health Care Quality Steering Committee, have met regularly until the Patient Satisfaction With Hospital Care In Rhode Island Report –II was produced and released in October 2003. The HPSPRWG's primary objective was to make changes to the second patient satisfaction report that readily improved the reader's understanding of the information. The use of

cognitive testing was employed through out the production of the report.

The results of the second report showed that Rhode Island's hospitals rank in the middle in terms of patient satisfaction when compared with hospitals around the country. The surveys asked how patients perceived their hospital care, with dozens of questions about such issues as the speed of the admission process, the cleanliness of rooms, the nurse's promptness in answering calls, how well physicians kept patients informed and how well patients were prepared for discharge. Generally, physician care and the discharge process tended to get high marks, while the admission process ranked low at many of the hospitals.

No direct comparisons can be made between the first survey done in 2001 and the second survey in 2003 because a different patient satisfaction instrument was used. However, the 2001 survey also showed a low satisfaction with the admission process. Shortly, after the release of October 2003 survey, HEALTH, HARI and the hospitals turned their attention to begin a collaborative effort to address opportunities for improvement related to the same topics across several hospitals in the state; a new direction for the HCQP. This key initiative will encourage hospitals to share best practices and make visible their quality improvement efforts as they relate to the Rhode Island public reporting program, a benefit to everyone, including hospitals.

Nationally, a paucity of literature has been released on the value of public reporting as it relates to quality care outcomes. To learn more about one aspect of the Rhode Island Health Care Quality law, HEALTH commissioned Qualidigm to study the impact of public reporting on the quality initiatives of hospitals in Rhode Island. The Evaluation of Public Reporting on Patient Satisfaction in Rhode Island released in October 2003 found the first satisfaction report had little effect on patient's personal care decision, but that hospitals used it to guide them in improving their services. Other major findings were that hospitals used the statewide public report data to develop new QI activities as well as sustain ongoing activities. Prior to public reporting, hospitals had an ongoing commitment to quality improvement that had been enhanced by the statewide public reporting program. Also, included in the study was the evaluation of HEALTH's website to begin to assess general interest in the first Public Report since it's release in November 2001. From November 2001 through December 2002, there were 7,440 (19%) downloads of the public report. The study showed the first public report continued to be among the most downloaded files from the HEALTH website 18 months after the initial posting.

Over the past 18 months, HEALTH, HARI, hospitals and Qualidigm explored the feasibility of reporting hospital patient satisfaction by race and ethnicity. A growing body of evidence has suggested there are variations in health care treatment by race and ethnicity even when insurance status, age, education and severity of conditions are comparable. The Hospital Measures Work Group was guided by a few key decisions, such as, the importance of learning about possible differences in patient satisfaction by race and

ethnicity and the patient satisfaction data would support reporting at aggregate statewide level and aggregate minority group level. The hospital minority satisfaction report, a first of its kind in the state is scheduled to be release in the spring of 2004.

III. Hospital Administrative Data

HEALTH solicited proposals for qualified firms to prepare a series of three analytic reports and accompanying policy recommendations concerning the quality of health care in Rhode Island. The reports will be based on the federal agency AHRQ quality indicators as applied to inpatient discharge data from Rhode Island's acute care hospitals. Statistical statewide reports are scheduled to be released over a two-year period. The first report will focus on prevention quality indicators, the subsequent report on inpatient quality indicators and the last report on patient safety indicators.

IV. Nursing Home Facilities

HEALTH, and Quality Partners of Rhode Island, the QIO for the state, has been publicly reporting on Rhode Island nursing home clinical performance since April 2002 on HEALTH's web site www.health.ri.gov. In order to fulfill the HCQ state mandate, the nursing home measures subcommittee, Quality Partners and HEALTH began exploring nursing home resident satisfaction. As the first part of the development of the nursing home satisfaction program, Quality partners reviewed methods and survey instruments used to measure satisfaction that is appropriate for nursing home settings exclusively. The results of this review can be found in a public report entitled Nursing Home Residence Satisfaction: An Overview of Public Reporting. The report can be found on HEALTH's web site www.health.ri.gov.

The next phase of the program was executed in September 2003, when a Request For Proposal was issued for survey administration, data management and analysis and publicly reporting resident satisfaction with nursing home care at licensed nursing homes in Rhode Island. Several nursing home satisfaction vendors responded and the Nursing Home Subcommittee, Quality Partners, Qualidigm and HEALTH are in the process of choosing a single vendor who will administer the satisfaction instrument to all licensed nursing homes in the state. The pilot phase of the satisfaction survey is expected to begin in the summer of the 2004 and the following year a public report on nursing home resident satisfaction is expected to be released.

V. Home Health Agencies

The CMS began public reporting on 11 home health clinical measures in November 2003 for the nation's Medicare certified home care agencies. The home health quality initiative provides new information for consumers about the quality of care provided by home health agencies with important resources to improve the quality of home health care.

HEALTH, working with measurement experts from Quality Partners, leaders from the home health agencies and the Rhode Island Partnership for Home Care Association, have formed the Home Health Public Release Work Group (HHPRWG) to produce a

Rhode Island home health clinical measures agency specific public report. The Rhode Island home health public report will incorporate the HCQP public report standards for a user-friendly format of the same 11 CMS home health clinical measures.

VI. Nurse Sensitive Performance Measures

In July 2000, the Rhode Island General Assembly called for consideration of nurse sensitive performance measures to be reported. HEALTH commissioned Lauren Williams, EDM, RN to continue to monitor the literature on nurse performance measures and to produce a trend analysis using Rhode Island's hospital discharge data of potentially nurse sensitive performance indicators. If resources are available, Dr. Williams will explore comparable databases to validate the nurse quality study that may occur next year.

VII. 2004 Program Goals

1. Hospital Clinical Performance
 - A. Monitor national trends in hospital public reporting requirements
 - B. Define data inclusion and exclusion parameters and timeframe for third public report
 - C. Determine format for the third Public Report
2. Hospital Patient Satisfaction
 - A. Monitor national trends in national public reporting requirements
 - B. Determine format for the third Public Report
 - C. Determine timeframe for third Public Report
 - D. Determine format for the Hospital Minority Satisfaction Report
 - E. Produce and Disseminate the Hospital Minority Satisfaction Report (2004)
3. Hospital Administrative Data
 - A. Produce and Disseminate proposal for health care quality indicators
 - B. Produce and Disseminate statewide public report on prevention indicators (2004)
4. Nursing Home Facilities
 - A. Select nursing home resident satisfaction tool
 - B. Pilot the nursing home resident satisfaction tool (2004)
 - C. Coordinate with CMS to publicly report on nursing home clinical measures
5. Home Health Agencies
 - A. Determine format for the home health clinical measures report
 - B. Produce and Disseminate the home health clinical measures public report (2004)
6. Nurse Sensitive Performance Measures
 - A. Continue to monitor research on nurse sensitive indicators

B. Produce a public report on the Rhode Island Nurse Sensitive Quality Study